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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41135

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 10906

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 das (Specify whether
In this community 23 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2715 Locust
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Betty Green

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex FE

5. Color or race Col.

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 7 (Month) 4 (Day) 1880 (Year)

8. AGE: Years 60 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Union Town (City, town, or county) Ala. (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business Domestic

FATHER
12. Name John Green
13. Birthplace Union Town (City, town, or county) Ala. (State or foreign country)

MOTHER
14. Maiden name Unknown Kansas
15. Birthplace Union Town (City, town, or county) Ala. (State or foreign country)

16. (a) Informant Percy Briggs
(b) Address 536 N Taylor Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 2 (Day) 1941 (Year)
(c) Place: burial or cremation FATHER DICKSON

18. (a) Signature of funeral director C. W. Bruce
(b) Address 1008 N Garrison Ave

19. (a) DEC 31 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28 year 1940 hour 11:00 minute P M.

21. I hereby certify that I attended the deceased from December 4, 1940 to December 28, 1940 that I last saw her alive on December 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Gangrene Lf Foot & Lower Leg	4 mos
~~Due to~~ Arteriosclerotic Heart Dis	5 yrs
Chr. Nephritis	-5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. A. McDowell (M. D. or other)
Address 2601 N Whittier Date signed 12-30-40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by William C. McDowell, Registered Apprentice No. ..... working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 214

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.